



AF 223
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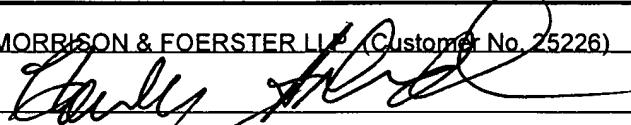
4

Application Number	09/496,563
Filing Date	February 2, 2000
First Named Inventor	Timothy M. ASKINS
Art Unit	2123
Examiner Name	D. Craig
Attorney Docket Number	514292000100

ENCLOSURES (Check all that apply)

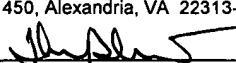
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	1. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (in triplicate) - 3 pages
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	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP Customer No. 25226		
Signature			
Printed name	Charles D. Holland		
Date	November 18, 2004	Reg. No.	35,196

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Dated: November 18, 2004

Signature:  (Thao T. Pham)



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**REQUEST FOR WITHDRAWAL
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AND CHANGE OF
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Examiner Name	D. Craig
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Commissioner for Patents
To: P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

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 the attorneys/agents (with registration numbers) listed on the attached paper(s), or
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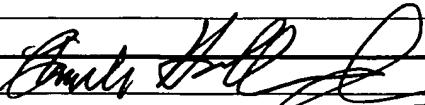
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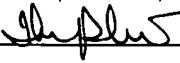
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City	State	Zip	
Country			
Telephone		Fax	
Signature			
Name	Charles D. Holland	Registration No.	35,196
Date	November 15, 2004	Telephone No.	(650) 813-5832

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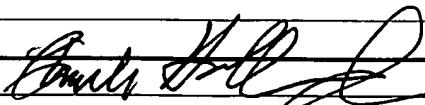
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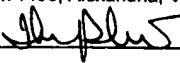
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Address			
City	State	Zip	
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